

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155336		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/19/2011	
NAME OF PROVIDER OR SUPPLIER  DECATUR TOWNSHIP CARE AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4851 TINCHER ROAD INDIANAPOLIS, IN46221			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaints IN00096246 and IN00096592.</p> <p>Complaint IN00096246- Unsubstantiated, due to lack of evidence. Complaint IN00096592- Substantiated, Federal/state deficiency related to the allegations cited at F157.</p> <p>Survey date: September 19, 2011</p> <p>Facility number: 000229 Provider number: 155336 AIM number: 100266850</p> <p>Surveyor: Jeri Curtis, RN</p> <p>Census bed type: SNF/NF: 73 Total: 73</p> <p>Census payor type: Medicare: 5 Medicaid: 53 Other: 15 Total: 73</p> <p>Sample: 4</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p>			F0000	<p>The Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Decatur Care &amp; Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0157 SS=D	<p>Quality review completed on September 20, 2011 by Bev Faulkner, RN</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to assure the responsible family member was notified of a physical</p>			F0157	<p>a. The POA on record has been notified of the therapy consult and of the completion of therapy for the Resident B by IDT on 9/22/11. A</p>		09/28/2011

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	<p>therapy consult for therapeutic exercises and mobility for 1 resident (Resident B) among the sample of 4, reviewed for notification of changes.</p> <p>Findings include:</p> <p>During the 9/19/11, 10:15-11:20 A.M., entrance tour, Registered Nurse (RN#1) indicated Resident (B) had a recent change in condition with generalized weakness and had received physical therapy (PT).</p> <p>The record of Resident (B) was reviewed at 3:50 P.M., 9/19/11, and indicated a 3/10/11 admission with diagnoses including osteoarthritis, hypertension, and anxiety.</p> <p>Documentation indicated an 8/29/11, physician's order for PT (5) times a week for 30 days for mobility and therapeutic exercises. The therapy was discontinued 9/8/11, due to goals met.</p> <p>The responsible parties for notification were two immediate family members (family members #1 and #2).</p> <p>Documentation did not indicate the responsible parties were notified of the PT consult.</p> <p>Resident (B) was interviewed at 4:45 P.M., 9/19/11, and indicated Family Member #1 had been upset because she</p>				<p>care conference was held for the POA and interested family members chosen by the POA and no concerns or issues were brought forth on September 22, 2011. RN #1 was re-educated on the process of notification of new orders per the regulatory guidelines by DNS on 9/20/11.</p> <p>b. The Unit Managers/Designee had completed an audit, beginning on 9/21/11, with no other resident receiving therapy noted to be effected.</p> <p>c. Re education to licensed nurses on the process of notification to the doctor, responsible party and or POA/family member for new orders or changes in a resident's condition to be done by the Assistant Director of Nursing/ Designee and be completed by September 28, 2011.</p> <p>d. The Unit Managers and or designee will review new orders daily and audit for family and MD notifications for 2 weeks then randomly 1-2 times a week x 6 weeks to monitor for compliance of notification of changes , then monthly for 4 months or until 95% accuracy documented of notifications of changes for compliance. The audits will be reviewed in the next monthly Performance Improvement Committee by the Director of Nursing or Administrator for further recommendations.</p>		

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	<p>had not been notified of changes, including the PT consult.</p> <p>The Administrator and Regional Corporate Consultant RN for clinical services (RN Consultant #1) were interviewed at 5:10 P.M., 9/19/11. Both reviewed the record of (Resident B) and were unable to find documentation of notification to Family Member #1 or 2 of the PT consult or services.</p> <p>Both the Administrator and RN Consultant #1 indicated nursing took off the therapy orders then PT notified the family of the consult.</p> <p>The Administrator scanned the PT computerized progress notes and was unable to find documentation of notification to Family Members #1 and 2 of the therapy consult or services.</p> <p>On 9/19/11, RN Consultant #1 provided the facility's 1/08, Care and Services Policy. Procedure #8, change of condition, indicated the licensed nurse or designee was responsible to notify the responsible party of a change in condition, including progress or a decline in physical or mental function.</p> <p>This federal tag relates to Complaint IN00096592.</p> <p>3.1-5(a)(3)</p>						

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